Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>31.80</u> -98	Address:	1985N 1200W	
Case #:	2ZF43186		7985W 1200W Styrusum IV 412746	
County:	5-30-08 22F43186 Longemore		In 46146	
Type of Laboratory Seizure (check one)		Seizure Location (Seizure Location (check all that apply)	
M Chemic	onal Lab cal/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	Hotel/Motel Open – No Structure Other:	
Corrosiv	nd: Location (bedroom, kitchen, oper nat apply) v/Ammonia Reaction(s): osphorous/Iodine Reaction(s): able Solvents: Reactive Metal (Lithium): ous Ammonia: ploric Acid Gas Generator(s): ve Acid: ve Base: tem and location): tem and location): fig fig			
☐ Yes 2 (No *If yes, fax rep This report Fire Doparta	r age 18 discovered (check one) number present) port to Child Protective Services is to be faxed to the following agenent: Howard France artment: Laylange Co. Howard	☐ Ephedrine ☐ Retail/Me ☑ Other:∠>	cation:	
For further i	nformation regarding this methamp		mtact	

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.